Complete if Known RANSMITTAL Application Number 10/763,708 for FY 2005 January 22, 2004 Filing Date Patent fees are subject to annual revision. First Named Inventor Takayuki Nishimura Antonio A. Caschera Examiner Name Applicant claims small entity status. See 37 CFR 1.27. 2628 Art Unit TOTAL AMOUNT OF PAYMENT (\$) 910.00 6453P033 Attorney Docket No. METHOD OF PAYMENT (check all that apply) □ Credit card □ Money Order □ None Other (please identify): Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP Deposit Account Deposit Account Number: 02-2666 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below ☐ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. **FEE CALCULATION**

Large Entity		Small	Entity					
Fee	Fee	Fee	Fee	Fee Description	Fee Paid			
Code	(\$)	Code	(\$)	1 de Description				
1051	130	2051	65	Surcharge - late filing fee or oath				
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.				
2053	130	2053	130	Non-English specification				
1251	120	2251	60	Extension for reply within first month	120.00			
1252	450	2252	225	Extension for reply within second month				
1253	1,020	2253	510	Extension for reply within third month				
1254	1,590	2254	795	Extension for reply within fourth month				
1255	2,160	2255		Extension for reply within fifth month				
1401	500	2401		Notice of Appeal				
1402	500	2402	250	Filing a brief in support of an appeal				
1403	1,000	2403	500	Request for oral hearing				
1451	1,510	2451	1,510	Petition to institute a public use proceeding				
1460	130	2460	130	Petitions to the Commissioner				
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)				
1806	180	1806		Submission of Information Disclosure Stmt				
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))				
1810	790	2810		For each additional invention to be examined (37 CFR § 1.129(b))				
Other fee (specify) Request for Continued Examination								
SUBTOTAL (2) (\$)								

SUBMITTED B	Comp	Complete (if applicable)			
Name (Print/Type)	Michael J. Mallie	Registration No. (Attorney/Agent)	36,591	Telephone	(408) 720-8300
Signature	7			Date	08/21/06